

Day	Date	Arrival Time	Start Time	Departure Time	Space(s)

**7. FURNITURE AND EQUIPMENT:**

Please put a check next to the furniture/equipment needed for your event:

(All furniture and equipment requested is subject to availability)

☐ Standard-2 six foot rectangle tables and 99 folding chair

☐ Additional Rectangle Tables (\$5 per table; 20 maximum)

☐ Round Tables (\$8 per table; 10 maximum)

**8. ROOM SET-UP**

Please put a check next to the appropriate set-up for your event:

(All furniture and equipment requested is subject to availability)

☐ Audience Style (Chairs only; 99 Maximum)

☐ Classroom Style (20 Rectangle Tables & 80 Chairs; 80 Maximum)

☐ Dining (10 Round Tables, 4 Rectangle Tables & 80 Chairs; 80 Maximum)

☐ Dining and Dancing (5 Round Tables, 2 Rectangle Tables & 50 Chairs; 50 Maximum)

☐ Other \_\_\_\_\_

**9. FOOD AND BEVERAGE: Note:**

Note: The rental space only has a small one compartment prep sink.

**A)** Does your event involve food and/or beverages?: ☐ Yes ☐ No

**B)** Alcoholic beverages of any type **are not** allowed at any of the City parks or park facility per Municipal Code 49.2.6.

**10. CONTACT INFORMATION:**

Representative: \_\_\_\_\_

Work Phone: (\_\_\_\_) \_\_\_\_\_ Home Phone: (\_\_\_\_) \_\_\_\_\_

Fax Number: (\_\_\_\_) \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

**11. INDIVIDUAL DESIGNATED TO RECEIVE BILLING (Must be completed):**

Name: \_\_\_\_\_

Work Phone: (\_\_\_\_) \_\_\_\_\_ Home Phone: (\_\_\_\_) \_\_\_\_\_

Fax Number: (\_\_\_\_) \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

**12. RECOMMENDED DEPARTURE AND CLEAN-UP TIMES:**

Users are advised to end events approximately 15 minutes prior to their Departure Time. This will allow sufficient time for required User clean-up.

**13. REQUEST FOR USE PROCESSING GUIDELINES:**

This Request For Use will be reviewed by the THE ATTIC Specialist. After a review of the information, you will be given the guidelines for your event.

You will be advised of the estimated charges after the set-up and technical needs for your event have been determined.

**Use of any facility cannot be confirmed until the agreement has been signed and returned, and the required fee has been paid.** The payment *must* be accompanied by a photocopy of a valid driver's license and/or a copy of a current utility bill from the individual whose signature appears on item 15 of this Request for Use. Please make check payable to: **City of Torrance.**

**14. PAYMENT OF ESTIMATED CHARGES:**

All prices are subject to change based on the annual Consumer Price Index, which may affect the final amount due depending on the date of your event. **The balance of estimated charges, including rent and labor fees, must be paid no later than one month prior to event date.**

**15. CHANGES AND CANCELLATIONS:**

Any changes to this Request for Use must be arranged with THE ATTIC Specialist II no later than 30 days prior to the event date. All event cancellations are subject to a nominal cancellation fee.

**16. USER AGREEMENT:**

I (the undersigned) have read, and agree to comply with the contents of this Request for Use.

Signature \_\_\_\_\_

Print Name \_\_\_\_\_ Date \_\_\_\_\_